FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. TOTAL IND. TOTAL **-**1 TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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